

New Jersey Department of Health and Senior Services

**PUBLIC HEALTH PRACTICE STANDARDS
LOCAL HEALTH EVALUATION REPORT
(LHER)**

A

HEALTH OFFICER CERTIFICATION

Reporting Year: _____

LOCAL HEALTH DEPARTMENT:

Name of Local Health Department:	County:	Calendar Year:
Address:		

HEALTH OFFICER:

Name of Health Officer:		
Telephone Number:	Fax Number:	E-mail Address:

CERTIFICATION:

The Health Officer hereby certifies the accuracy of the electronically submitted Annual Local Health Evaluation Report (LHER), to the best of his/her knowledge, and that each local board of health within the local health agency's jurisdiction has received a copy of the completed LHER and its attachments and has been provided the opportunity to discuss the information contained within.	
Signature of Health Officer:	Date:

Submit to:

**New Jersey Department of Health and Senior Services
Division of Local Public Health Practice and Regional
Systems Development
P. O. Box 360
Trenton, NJ 08625-0360**